| This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017) | /1) |
|---|-----|
| If you are filing for a prior accounting period, contact the Licensing Division for the correct form. | |

| STATEME | INT OF ACCOUNT | FOR COPYRIG | Return completed workbook by email to | | |
|--|--------------------------|---------------------------|---------------------------------------|--|--|
| for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook. | | DATE RECEIVED | AMOUNT | <u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150. | |
| | | 9/15/2022 | ALLOCATION NUMBER | | |
| A | ACCOUNTING PERIOD COVERE | D BY THIS STATEMENT: (YYY | Ƴ/(Period)) | | |

| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
|------------|---|---|
| Accounting | | 20221 Barcode Data Filing Period (optional - see instructions) |
| Period | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
| | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | |
| | | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | SUDDENLINK COMMUNICATIONS |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) |
| | | TYLER, TX 75701 |
| | | (City, town, state, zip) |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | NEW CASTLE CORRECTIONAL FACILITY |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |
| | | |

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

| Accounting Period: | 2022/1 | FORM SA1-2E. PAGE 1b. | | | | |
|------------------------|--|-----------------------|--|--|--|--|
| Nama | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | |
| Name | CEQUEL COMMUNICATIONS LLC | 063817 | | | | |
| D Area Served | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, d unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ide city. | | | | | |
| | CITY OR TOWN | STATE | | | | |
| First | NEW CASTLE | IN | | | | |
| Community | (NEW CASTLE CORR) | | | | | |
| Add Rows as Necessary | | | | | | |
| had notes as necessary | | | | | | |
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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | | | | | |
|---------------------------|--|---|-----------|--|-------------|-------------------|--------------|-----------------------|------|--|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | | | | | | | | | | | |
| _ | SECONDARY TRANSMISSION | SERVICE: SUE | BSCRIE | ERS AND RA | TES | | | | | | | |
| E | In General: The information in s | | | - | • | | | | | | | |
| . . | | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the | | | | | | | | | | |
| Secondary Transmission | | | | | | | iose existir | ng on the | | | | |
| Service: Sub- | last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | | |
| scribers and | down by categories of secondary | , transmission s | ervice. | In general, you | can comp | pute the number | of subscri | bers in | | | | |
| Rates | | down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged | | | | | | | | | | |
| | separately for the particular serv Rate: Give the standard rate c | | | | | | | a and the | | | | |
| | unit in which it is generally billed. | - | - | • | | | - | | | | | |
| | category, but do not include disc | · · | , | | yotandar | | mann a pe | | | | | |
| | Block 1: In the left-hand block | | | • | | | | | | | | |
| | systems most commonly provide | | | | | | | | | | | |
| | that applies to your system. Note categories, that person or entity | | | - | | - | | | | | | |
| | subscriber who pays extra for ca | | | | •• | • • | • | | | | | |
| | | | | | | | | | | | | |
| | | first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those | | | | | | | | | | |
| | printed in block 1 (for example, the | | | | | | | | | | | |
| | with the number of subscribers a sufficient. | ind rates, in the | rignt-na | and DIOCK. A two | o- or three | e-wora descriptio | on of the se | ervice is | | | | |
| | | OCK 1 | | | | | BLOCK | (2 | | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS | RATE | CATI | EGORY OF SEI | RVICE | NO. OF SUBSCRIBERS | RAT | | | |
| | Residential: | | | | | | | | | | | |
| | Service to first set | | 0 | - | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | 58 | 42.41 | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | | | | | | | | |
| F | In General: Space F calls for rat | | | | | | | | | | | |
| • | not covered in space E, that is, t service for a single fee. There ar | | | | | | | | | | | |
| Services | furnished at cost or (2) services | | , | | | | 0() | | | | | |
| Other Than | | | isually l | oilled. If any rat | es are cha | arged on a varia | ble per-pro | ogram basis, | | | | |
| Secondary | amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. | | | | | | | | | | | |
| ransmissions: Rates | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not | | | | | | | | | | | |
| Nates | Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | | | | | | |
| | | BLOC | CK 1 | | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | | | ORY OF SER | | RATE | CATEG | ORY OF SERVICE | RATE | | | |
| | Continuing Services: | | | tion: Non-resi | dential | | | | | | | |
| | • Pay cable | - | | el, hotel | | | | | | | | |
| | Pay cable—add'l channel | - | | nmercial | | | | | | | | |
| | Fire protection | | - | cable | | | | | | | | |
| | •Burglar protection | | - | cable-add'l ch | annel | | | | | | | |
| | Installation: Residential | | | protection | | | | | | | | |
| | • First set | - | | glar protection | | | | | | | | |
| | Additional set(s) | | | ervices: | | | | | | | | |
| | • FM radio (if separate rate) | | | onnect | | - | | | | | | |
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| | Converter | | | connect | | | | | | | | |
| | • Converter | | • Out | connect let relocation /e to new addre | | | | | | | | |

| | | | | FORM SA1-2E. PAGE | | | | | | |
|--------------------|---|---|--|--|--|--|--|--|--|--|
| me | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM ID | | | | | | |
| | CEQUEL COMMUNIC | ATIONS LLC | | 06381 | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
| ary | carried by your cable system FCC rules and regulations | neral: In space G, identify every television station (including translator stations and low power television stations) d by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under ules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections (d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a | | | | | | | | |
| nitters: ision | substitute program basis, a Substitute Basis Stations | s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: | | | | | | | | |
| | • Do not list the station here station was carried only on | e in space G—but do list it in space I (th | | | | | | | | |
| | basis. For further information Column 1: List each station | on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | see page (v) of the general instruc program services such as HBO, ES | tions. PN, etc. Identify each | | | | | | |
| | "WETA-2" as the same on Column 2: Give the channed | 0 | | | | | | | | |
| | Column 3: Indicate in each | n case whether the station is a network | • | | | | | | | |
| | (for independent multicast), For the meaning of these te Column 4: Give the location | ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th | or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station | tional multicast). n is licensed by the | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | | |
| | WFYI-1 | 20 | Е | INDIANAPOLIS, IN | | | | | | |
| Dours on Nononenti | WTHR-1 | 13 | N | INDIANAPOLIS, IN | | | | | | |
| | | | | | | | | | | |
| Necessary | WTTV-1 | 4 | N | INDIANAPOLIS, IN | | | | | | |
| Necessary | | 4 59 | <u>N</u> | | | | | | | |
| Necessary | WTTV-1 | | - | INDIANAPOLIS, IN | | | | | | |
| Necessary | WTTV-1 WXIN-1 | 59 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
| Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
| s Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
| s Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
| s Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
| s Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
| s Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |
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| s Necessary | WTTV-1 WXIN-1 WRTV-1 | 59 6 | I | INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN | | | | | | |

| EGAL NAME OF | | | | | | | | | SYSTEM 0633 |
|---|--|---|--|--------------------------|--|---|--|---|----------------------------------|
| | t every radio s | station ca | arried on a separate and discre nerally receivable by your cabl | | | | | ied on an | н |
| eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation abou m. dentify the call tate whether the radio stat this by placing Sive the station | y the sys be recein t the Cop sign of e the static ion's sign g a check n's location | I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the | t th sys nis ed | e system's hea stem's FM anter point, see page by the cable sy station is licens | idend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC |) it can b rtain sta neral ins parate a | e expected, ted intervals. tructions in the. nd discrete | Primary Transmitters Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | 1 | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| UALL SIGN | | 3,0 | LOCATION OF STATION | ╡ | UALL SIGN | | 3/0 | LOCATION OF STATION | |
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| Accounting Perio | d: 2022/1 | | | | | | FORM | A SA1-2E. PAGE 5 |
|------------------------------|---|----------------------|---------------------------|---|----------------|---|-----------|---------------------------|
| | LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS LL | .C | | | | | 063817 |
| | SUBSTITUTE CARRIAGE | : SPECIAI | | T AND PROGRAM LOG | | | | |
| | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a | | | | | | | |
| Substitute | substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT | CONCER | NING SUBSTI | TUTE CARRIAGE | | | | |
| Special | During the accounting peri | od, did youi | r cable system | carry, on a substitute basi | s, any nonne | twork television | program | I |
| Statement and Program Log | broadcast by a distant stat | ion? | | | | | YES | × NO |
| i rogiani Log | Neter If your ensurer is "No. | " loovo tha | reat of this new | a blank. If your anawar is " | ·V | | | |
| | Note: If your answer is "No, | leave the | rest of this pag | e blarik. Il your allswel is | res, you m | ust complete the | e program | |
| | log in block 2. 2. LOG OF SUBSTITUTE | PROCRA | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations v | wherever pos | sible, if their me | aning is | |
| | clear. If you need more space | ce, please a | add additional r | ows to the tables. | | | - | |
| | | | | sion program ("substitute p | | | | • |
| | period, was broadcast by a under certain FCC rules, reg | | | | | | | |
| | Do not use general categori | | | | | | | |
| | "NBA Basketball: 76ers vs. | Bulls." | | | | • • | , | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra e community to which the | | unsed by the EC(| C or in | |
| | the case of Mexican or Can | | | | | | 0 01, 11 | |
| | Column 5: Give the mon | th and day | | em carried the substitute p | | | the mon | th |
| | first. Example: for May 7 giv | | | | | 1.1.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 | | |
| | to the nearest five minutes. | | | gram was carried by your o | | | | У |
| | stated as "6:00–6:30 p.m." | | program carrie | | 10 p.m. to 0.2 | .0.00 p.m. shou | u be | |
| | | | | was substituted for progra | | | | |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program effect on October 19, 1976. | iming mar y | our system was | s permitted to delete unde | r FCC rules a | and regulations i | n | |
| | | | | | | | | |
| | | | | | | EN SUBSTITUT | | |
| | | UBSTITUT 2. LIVE? | E PROGRAM 3. STATION'S | | 5. MONTH | IAGE OCCURF 6. TIMES | | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | то | |
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| Accounting Period: | 2022/1 | FORM S | 1-2E. PAGE 6 |
|------------------------------------|--|------------------------------|----------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID: 063817 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | ission service mount, see | 4,700.00 sss receipts) |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. | 263,800. | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00. | his six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 00) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | | |
| | 5. Enter the amount from line 3 | | |
| | 6. Subtract line 5 from line 4 | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527) | 600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula \$ 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m | | |

| Accounting Period: | 2022/1 | | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|--|--|--|----------------------|
| Name | | OWNER OF CABLE SYSTEM: | | | SYSTEM ID# 063817 |
| M Channels | to its subscrib 1. Enter the to system car 2. Enter the to on which th | ers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated channel e cable system carried televis | ions | accounting period. | 6 41 |
| N Individual to Be Contacted | | TO BE CONTACTED IF FUR | RTHER INFORMATION IS NEEDED (Identify an i count.) | ndividual | |
| for Further Information | Name | RODNEY HASKINS | 5 | Telephone (903) 5 | 79-3152 |
| | Address | 3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip) | | | |
| | Email | RODNEY.HAS | SKINS@ALTICEUSA.COM | Fax (optional | |
| 0 | CERTIFICATIO | N (This statement of account r | must be certified and signed in accordance with | Copyright Office regulations) | |
| Certification | | | c one, <i>but only one</i> , of the boxes.) r partnership) I am the owner of the cable system a | as identified in line 1 of space B; or | |
| | (Age | | pration or partnership) I am the duly authorized ag the owner is not a corporation or partnership; or | gent of the owner of the cable system as | identified |
| | I have examination are true, compare true | in line 1 of space B. ed the statement of account and | r (if a corporation) or a partner (if a partnership) of t nd hereby declare under penalty of law that all stater f my knowledge, information, and belief, and are ma | ments of fact contained herein | cable system |
| | | | X /s/ Alan Dannenbaum | - | |
| | | Typed or printe | ed name: ALAN DANNENBAUM | | |
| | | Title: | SVP, PROGRAMMING (Title of official position held in corporation or partnership) | | |
| | | Date: | | 8/23/2022 | |

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

| Accounting Period: 2022/1 | FORM SA1-2E. PAGE 8 |
|---|--|
| EGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| CEQUEL COMMUNICATIONS LLC | 063817 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address | |
| INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| OwnerAddress | |
| ID number First community served Accounting period | |

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